



Aughadreena National School

Stradone
Co. Cavan
H12 D923
Roll No: 18355N
Tel: 049-4330549

Email: aughadreenans@gmail.com
Website: www.aughadreenans.com

Enrolment Application Form

Child's Name _____ Birth Cert Forename: _____ (If different)

Name in Irish: _____ Nationality: _____

Date of Birth _____ Gender: Male Female

Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English? Yes No

PPS No (Child) _____ Eircode: /
(Personal Public Service Number)

Address: _____

Parent's email address : _____ (one only)

Proposed Date of Entry: _____ Proposed Class: _____

Father/Guardian's Name: _____ Father's Occupation: _____

Father's Mobile No: _____

Father's Place of Work: _____ Place of Work Tel. No: _____

Mother/Guardian's Name: _____ Mother's Maiden Name: _____

Mother's Occupation: _____ Mother's Mobile No: _____

Mother's Place of Work: _____ Place of Work Tel. No: _____

Pre-School
Did your child attend a pre-school group? (Please tick) Yes No
If so, indicate type? Montessori Crèche Play School
Name/Address of pre-school: _____

Previous School
Previous Primary School (if applicable): _____
Previous School Address: _____
Previous School Phone No: _____ Name of Previous School Principal: _____

No of children in the family: Boys _____ Girls _____ Position of this child in family: _____

Name/Classes of siblings already in the school: _____

Siblings to attend the school in future years:

Name: _____ Date of Birth: _____ Proposed date of entry: Sept _____

Name: _____ Date of Birth: _____ Proposed date of entry: Sept _____

Medical History

- Does/Has your child suffered from any of the following?: Please indicate

Asthma Yes No Epilepsy Yes No

Bronchitis Yes No Diabetes Yes No

Convulsions Yes No Other, please specify: _____

Comments: _____

- Does/Did your child have any difficulties in relation to any of the following?

Eyesight Yes No Hearing Yes No

Speech Yes No Kidney disorders Yes No

Physical/co-ordination difficulties Yes No Other, please specify: _____

Comments: _____

- Does/Did your child receive treatment in any of the following areas?

Speech Therapy Yes No Occupational Therapy Yes No Physical Therapy Yes No
If yes, please attach report.

- Has your child ever been assessed by a Psychologist? Yes No
If yes, please attach psychologist report.

- Does your child have any special needs or learning difficulties that you are aware of Yes No

Comments: _____

- Is your child allergic to any agents that you are aware of? Please specify: _____

- Does your child have any special dietary requirements: _____

Name of child's doctor: _____ Phone: _____

Address: _____

- Is there any further information which may be of benefit to the teacher in assisting your child to achieve his/her potential in school?

In Case of Emergency: if parents are not available please contact:

Name: _____ Relationship to Child: _____ Tel./Mobile No: _____

Name: _____ Relationship to Child: _____ Tel./Mobile No: _____

Further Information

Does any legal order under Family Law exist that the school should know about? Yes No

If yes, please attach copy.

Is there any court order, which affects the child's welfare? Yes No

If yes, please attach copy.

Is there any person into whose custody the child should not be given? Yes No

If yes, please attach copy.

Please specify: _____

I have received, read and discussed the contents of the School Booklet with my child. I understand that the school rules are for the safety and welfare of my child/ren so that s/he/they may receive a full and comprehensive education. Full document policies are available in the school and on the school website (www.aughadreenans.com). I agree that my child will abide by the school Code of Behaviour and school policies as set by Aughadreena N.S.

Yes No Signed: _____

The Stay Safe Booklet is now on line at www.staysafe.ie. Have you read the content of this book. Yes No

I have received and signed the Parental Permission form Yes No

Mobile number for 'Textaparent' service (one parent's mobile number only): _____

Preferred email address for school correspondence: _____

Pupil Online Database (POD)

All new pupils will automatically be added to the Department of Education Pupil Online Database (POD) on entry to Primary school. The additional specific information below is also required for POD:

- To which Ethnic Cultural background does your child belong (Please tick one)?

(Categories are taken from the Census of Population)

White Irish Irish Traveller Roma Any other white background

Black or Black Irish - African Black or Black Irish - Any other black background

Asian or Asian Irish - Chinese Asian or Asian Irish - Any other Asian background

Other (inc. mixed background) No Consent

- What is your child's Religion?

Roman Catholic Church of Ireland (incl. Protestant) Presbyterian

Methodist, Wesleyan Jewish Muslim (Islamic) Orthodox (Greek, Coptic, Russian)

Apostolic of Pentecostal Hindu Buddhist Jehovah's Witness

Contd.

Lutheran Atheist Baptist Agnostic Other Religion No Consent
 No Religion

I consent for the above two pieces of sensitive information to be recorded on POD.

Signed: _____ Date: _____

I have provided the following documentation which I understand will be photocopied and returned to me:

- Birth Certificate Yes No
- Utility Bills demonstrating residence in the area (only if requested) Yes No (N/A)
- Latest school report (if applicable) Yes No (N/A)
- Psychologist report (if applicable) Yes No (N/A)
- Speech therapy report (if applicable) Yes No (N/A)
- Court Order report Yes No (N/A)

Mother's Signature _____ Date: _____

Father's Signature _____ Date: _____

Thank you for your time and co-operation in completing this form

For Office Use Only

Date of Receipt of Application: _____ Start Date in the School: _____

Aladdin Registration Number: _____ Family School Code: _____

POD Pupil ID: _____

Documentation accompanying this application (Please circle)

- | | | | | |
|-------------------------|-----|----|-----------|----------------|
| ▪ Birth Certificate | Yes | No | To follow | Not applicable |
| ▪ Utility Bills | Yes | No | To follow | Not applicable |
| ▪ Latest school report | Yes | No | To follow | Not applicable |
| ▪ Psychologist report | Yes | No | To follow | Not applicable |
| ▪ Speech therapy report | Yes | No | To follow | Not applicable |
| ▪ Court Order report | Yes | No | To follow | Not applicable |